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PATENT APPLICATION	First Inv							
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(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express	Mail La	bel No.		FIA	04517	327H	
APPLICATION ELEMENTS		Al	DDRES	SS , J.				
See MPEP chapter 600 concerning utility patent application cont	ents.		1			ngton, DC 20231		
Fee Transmittal Form (e.g., PTO/SB/17)     (Submit an original, and a duplicate for fee processing)     Applicant claims small entity status.		7. Nu	Comput	er Progran	n (Appendi	e, large table or x) quence Submission		
2. See 37 CFR 1.27.				, all neces		querico Oubilission		
3. X Specification [Total Pages 26	1	a	Comp	uter Read	able Form	(CRF)		
(preferred arrangement set forth below) - Descriptive title of the invention		b. S	pecificati	on Sequer	_			
<ul> <li>Cross Reference to Related Applications</li> <li>Statement Regarding Fed sponsored R &amp; D</li> </ul>		_	_,;	1		2 copies); or ii.	paper	
<ul> <li>Reference to sequence listing, a table, or a computer program listing appendix</li> </ul>	<b>-</b> -	C.				ty of above copies		
Background of the Invention     Brief Summary of the Invention	<u> </u>					LICATIONS PAR	TS	
<ul> <li>Brief Description of the Drawings (if filed)</li> <li>Detailed Description</li> </ul>	8	). <u> </u>	1 -	•	-	neet & document(s))		
- Claim(s) - Abstract of the Disclosure	1	10.		3.73(b) St here is an a		Power of Attorney		
4. X Drawing(s) (35 U.S.C. 113) [Total Sheets 9	] 1	11.	English	Translation	n Documer	nt (if applicable)		
5. Oath or Declaration [Total Pages		12.		tion Disclos		Copies of ID Citations	s	
a. Newly executed (original or copy)	_	13.	1	ary Amend				
b. Copy from a prior application (37 CFR 1.63(d))	11	14. X		Receipt Po			1	
(for continuation/divisional with Box 18 completed)	1,	(Should be specifically itemized)  Certified Copy of Priority Document(s)						
i. Signed statement attached deleting inventor(s) named in the prior application,	1	16.		priority is c lication Re		er 35 U.S.C. 122 (b)(2	2)(B)(i).	
see 37 CFR 1.63(d)(2) and 1.33(b).	j	·	,		ach form P	TO/SB/35 or its equiv	valent.	
	1	7. X	Other:	Ollexect	ilea Deci	aration	[ [	
6. Application Data Sheet. See 37 CFR 1.76				<u> </u>				
<ol> <li>If a CONTINUING APPLICATION, check appropriate box, and su Data Sheet under 37 CFR 1.76:</li> </ol>	pply the req	quisite infoi	mation be	low and in a	preliminary	amendment, or in an A	Application	
Continuation Divisional Continuation-i	in-part (CIF	P) of pri	or applica	ation No.:				
Prior application information: Examiner			Gra	up/Art Ur	nit:			
For CONTINUATION or DIVISIONAL APPS only: The entire dis			application	on, from w	hich an oa			
under Box 5b, is considered a part of the disclosure of the accordeference. The incorporation can only be relied upon when a por								
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Name (Print/Type) Robert B. Cohen		Regis	tration N	o. (Attorne	y/Agent)	32,768		
Signature	#7	H	)		Date	February 14, 2	002	

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FEE TRANSMITTAL						Complete if Known			
	Application Number				er	Not Yet A	ssigned		
for FY 2002		Filing Date							
Patent fees are subject to annual revision.		First Named Inventor				Akio Ohb	a		
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Applicant claims small entity status. See 37 CFR 1.27	Group Art Unit N/A					N/A			
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application	112	920*	112	920*	-	g publication o	•	<b></b>	
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FEE CALCULATION	115	110	215	55		for reply within			
1. BASIC FILING FEE	116	400	216	200			second month	<u></u>	
Large Entity Small Entity Fee	117	920	217	460		for reply withir			
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106 330 206 165 Design filing fee	119	320	219	160	Notice of A			ļ	
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	142	1,280	242	640	Utility issue	e fee (or reissi	ле)		
Extra Fee from Fee Paid Claims below	143	460	243	230	Design iss	ue fee			
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Independent 6 -3** = 3 x 84.00 = 252.00	122	130	122	130	Petitions to	the Commiss	sioner		
Multiple Dependent =	123	50	123	50	Processing	g fee under 37	CFR 1 17(q)		
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102 84 202 42 Independent claims in excess of 3	1		l		(37 CFR 1	.129(a)) additional inver	ation to be	<b></b>	
104 280 204 140 Multiple dependent claim, if not paid	149	740	249	370	examined	(37CFR 1.129	(b))		
109 84 209 42 ** Reissue independent claims over original patent	179	740	279	370	•		xamination (RCE)		
110 18 210 9 ** Reissue claims in excess of 20	169	900	169	900		or expedited ex n application	kamination		
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**or number previously paid, if greater; For Reissues, see above	<u> </u>								
SUBMITTED BY						Complete (	f applicable)		
Name (Print/Type) Robert B. Cohen	Regist (Atto	getion No ley/Agent	3:	2,768		Telephone	(908) 518-6316	3	
Signature	7	1				Date	February 14, 2	002	
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